

MM/DD/YYYY			
Participant's Full Name		Date of Birth	I Identify My Gender As
Address		City	Province
			Postal Code
Parent/Guardian Full Name		Parent/Guardian Phone	Participant's Phone
Parent/Guardian's Email <i>*To be emailed receipt</i>		Participant's Email	
Emergency Contact		Relationship to Participant	
Telephone		Email (Optional)	

WORKSHOP REGISTERING FOR

(check all that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDING & MIXING A SONG	SOUND FOR VIDEO GAMES	SOUND FOR ANIMATION
TBA <i>*Includes both days</i>	\$135.00 <i>Includes both days</i>	TBA

REGISTRATION PROCESS

1. Ensure all information above is legible.
2. Complete and email this form to Claire Falgui at cfalgui@midoceanschool.ca
3. Registration is confirmed with payment by Step 4 or Step 5
4. Submit payment in person via cheque to MOSMA, 1588 Erin Street, Winnipeg, MB R3E 2T1
5. Submit payment by Email Transfer: admissions@midoceanschool.ca
**We do not accept Debit or Credit Card Payment*
6. There are NO REFUNDS on withdrawals within 20 days of intake.

POLICY STATEMENT

Enrolment in any one of the MOSMA Youth Workshops is secured by full payment of the workshop registration fee. All classes are held at either of MOSMA's campus locations at Erin Street or the Exchange District.

I agree to release and hold harmless MOSMA, its instructors, and its classroom and educational facilities from any damages or physical injury incurred while my child is attending classes.

I agree to release my contact information to MOSMA for promotional purposes only having to do with MOSMA education and training offerings. Contact information will not be sold or used for commercial gain.

RELEASE STATEMENT

I hereby assign and grant to MOSMA the right and permission to use and publish any photographs, sound recordings, digital media, or other media, now known or later developed, made of my child by MOSMA. I hereby release MOSMA from any and all liability from such use and publication. I hereby authorise the reproduction, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs, sound recordings, digital or other media, now known or later developed, without limitation at the discretion of MOSMA, and I specifically waive any right to any compensation I may have for any of the foregoing.

- I consent to the aforementioned Policy and Release Statements.
- I would like to receive emails about MOSMA news and upcoming events.

Parent/Guardian Signature <i>If participant under 18 years old</i>	MM/DD/YYYY Date
Participant Signature	MM/DD/YYYY Date

OFFICE USE

ID#	Receipt Date
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